

POLICY GA 3.3 TITLE XIX/XXI NOTICE AND APPEAL REQUIREMENTS

- A. PURPOSE: To ensure that Title XIX/XXI eligible persons seeking or receiving behavioral health services are provided notice and the opportunity to appeal as required by law.
- B. SCOPE: ADHS/DBHS, T/RBHAs, T/RBHA subcontracted providers, including the Arizona State Hospital and Title XIX/XXI eligible persons. T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.
- C. POLICY: Title XIX/XXI eligible persons shall be provided notice and the opportunity to appeal when an action is taken with respect to a Title XIX/XXI covered service.

This policy does not apply to actions or decisions that reduce an eligible person's benefits as a result of changes in state or federal law requiring an automatic change; or determinations of categorical eligibility/ineligibility for Title XIX/XXI services.

- D. REFERENCES: 42 CFR 431.200 et seq
42 CFR 438.10
42 CFR 438.400 et seq
A.R.S. § 41-1092.05
9 A.A.C. 34, Article 2
AHCCCS/ADHS Contract
ADHS/T/RBHA Contract

E. DEFINITIONS

1. Action: For purposes of this policy, action means:
 - a. The denial or limited authorization of a requested service, including the type or level of service;
 - b. The reduction, suspension or termination of a previously authorized service;
 - c. The denial, in whole or part, of payment for service;
 - d. The failure to provide services in a timely manner;

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- e. The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
 - f. For a Title XIX/XXI eligible person in a rural area, the denial of the Title XIX/XXI eligible person's request to obtain services outside the network.
- 2. Appeal: A request for review of an action.
 - 3. Complaint: A member's expression of dissatisfaction with any aspect of their care, other than an action.
 - 4. Day: A calendar day unless otherwise specified.
 - 5. Denial: The decision to deny a request made by, or on behalf of, a behavioral health recipient for the authorization of a Title XIX or Title XXI covered service.
 - 6. Health Care Professional: A physician (allopathic or osteopathic), licensed psychologist, physician assistant, registered nurse (including nurse practitioner and clinical nurse specialist), licensed independent social worker, licensed marriage and family therapist, and licensed professional counselor.
 - 7. Service Authorization Request: A request made by, or on behalf of, a Title XIX/XXI eligible person for the provision of a covered service.
 - 8. Working Day: A Monday, Tuesday, Wednesday, Thursday or Friday unless:
 - a. A legal holiday falls on Monday, Tuesday, Wednesday, Thursday or Friday; or
 - b. A legal holiday falls on Saturday or Sunday and a contractor is closed for business the prior Friday or following Monday.

F. GENERAL REQUIREMENTS FOR NOTICES AND APPEALS

1. Computation of Time

Computation of time in calendar days, begins the day after the act, event or decision and

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includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. Computation of time in working days begins the day after the act, event or decision and includes all working days.

2. Language and Format Requirements

- a. Notice and written documents generated through the appeals process shall be available in each prevalent, non-English language spoken within the geographic service area.
- b. ADHS/DBHS, the T/RBHA and T/RBHA subcontracted providers must provide free oral interpretation services to explain information contained in the notice or as part of the appeal process for all non-English languages.
- c. Notice and written documents generated through the appeals process shall be available in alternative formats, such as Braille, large font, or enhanced audio, and take into consideration the special communication needs of the Title XIX/XXI eligible person.

3. Delivery of Notices

All notices identified herein, including those provided during the appeal process, shall be personally delivered or mailed by certified mail to the Title XIX/XXI eligible person at their last known residence or place of business. In the event that it may be unsafe to contact the person at his or her home address, or the person has indicated that he or she does not want to receive mail at home, the alternate methods identified by the individual for communicating notices shall be used.

4. Prohibition of Punitive Action

- a. ADHS/DBHS, T/RBHAs and their providers are prohibited from taking punitive action against either:
 - (1) A Title XIX/XXI eligible person in exercising his/her right to appeal; or
 - (2) A provider who either requests an expedited resolution or supports a Title XIX/XXI eligible person's appeal.

G. NOTICE REQUIREMENTS

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1. Responsible Entity for Providing Notice

- a. Following an action requiring notice to a Title XIX/XXI eligible person, the entity responsible for the action must ensure that notice is provided according to the requirements stated within this policy.
- b. ADHS/DBHS will provide notice to Title XIX/XXI eligible persons who are enrolled in a Tribal RBHA when ADHS/DBHS takes an action on behalf of the Tribal RBHA.

2. Content and Delivery of the Notice of Action

- a. When a Notice of Action is required herein, ADHS/DBHS, the T/RBHA or T/RBHA subcontracted provider must utilize the Notice of Action form attached to this policy (Attachment A). ADHS/DBHS, the T/RBHA or T/RBHA subcontracted provider must insert the following information, which shall be complete and written in commonly understood language and specific to the person receiving services:
 - (1) The action taken or intended to be taken;
 - (2) The effective date of the action; and
 - (3) The reasons for the action.
- b. The notice of action shall be delivered to:
 - (1) The Title XIX/XXI eligible person; and, when applicable;
 - (2) The person's legal or authorized representative (e.g., DES/ACYF casemanager).
- c. Provision of notice shall be evidenced by retaining a copy of the Notice of Action in the comprehensive clinical record of the person receiving or requesting services.

3. Notice of Action Time-frame for Service Authorization Requests

- a. For an authorization decision, not covered under subsection (b) below, for a service requested on behalf of a Title XIX/XXI eligible person, a Notice of Action shall be delivered within 14 calendar days following the receipt of the Title XIX/XXI eligible person's request.

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- b. For an authorization request in which the requesting provider indicates or ADHS/DBHS, the T/RBHA or T/RBHA provider determines, that following the time-frame in subsection (a) above could seriously jeopardize the Title XIX/XXI person's life or health or ability to attain, maintain, or regain maximum function, ADHS/DBHS, the T/RBHA or T/RBHA provider shall make an expedited authorization decision and deliver the Notice of Action as expeditiously as the Title XIX/XXI person's health condition requires, but not later than three (3) working days after receipt of the request for service.
 - c. If the Title XIX/XXI eligible person requests an extension of the time-frame in subsection (a) or (b) above, ADHS/DBHS, the T/RBHA or T/RBHA provider shall extend the time-frame up to an additional 14 days as requested by the Title XIX/XXI person.
 - d. If ADHS/DBHS, the T/RBHA or T/RBHA provider need additional information and the extension is in the best interest of the Title XIX/XXI eligible person, ADHS/DBHS, the T/RBHA or T/RBHA provider shall:
 - (1) Complete and deliver a Notice of Extension of Timeframe for Making a Service Authorization Decision (Attachment B), and
 - (2) Issue and carry out the determination as expeditiously as the Title XIX/XXI eligible person's condition requires and no later than the date the extension expires.
 - e. For service authorization decisions not reached within the maximum time-frame in this section, the authorization shall be considered denied on the date that the time-frame expires.
 - f. The requesting provider shall be notified of a decision to deny a service authorization; however, the notification need not be in writing.
4. Notice of Action Time-frame for Service Termination, Suspension or Reduction
- a. For termination, suspension or reduction of previously authorized AHCCCS covered service, ADHS/DBHS, the T/RBHA or T/RBHA provider shall deliver a Notice of Action at least 10 days before the date of action, except as provided in subsections (c) or (d) below.
 - b. The requesting provider shall be notified of a decision to reduce, suspend or

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terminate a service authorization; however, the notification need not be in writing.

c. ADHS/DBHS, the T/RBHA or T/RBHA provider shall provide a Notice of Action no later than the date of action when:

- (1) Factual information has been obtained confirming the death of a Title XIX/XXI eligible person;
- (2) The Title XIX/XXI eligible person signs a clear, written statement indicating that the services are no longer wanted, or provides information that requires termination or reduction of services and indicates an understanding that this shall be the result of supplying that information;
- (3) The Title XIX/XXI eligible person is age 21-64 and has resided in an Institution for Mental Disease for more than 30 days;
- (4) The Title XIX/XXI eligible person is an inmate of a public institution that does not receive federal financial participation;
- (5) The Title XIX/XXI eligible person's whereabouts are unknown and the post office returns mail, directed to the Title XIX/XXI eligible person, to ADHS/DBHS, the T/RBHA or T/RBHA provider, indicating no forwarding address;
- (6) Factual information has been obtained that the Title XIX/XXI eligible person has been accepted for Medicaid by another state; or
- (7) A change in the level of medical care is prescribed by the recipient's physician.

d. ADHS/DBHS, the T/RBHA or T/RBHA provider may shorten the period of advance notice to five (5) days before the date of action if there are verified facts indicating probable fraud by the Title XIX/XXI eligible person.

5. Notice of Action for Denial of Claim for Payment

- a. ADHS/DBHS, the T/RBHA or T/RBHA provider designated to authorize services shall send a Notice of Action to the Title XIX/XXI eligible person if they deny a claim for payment to the provider for a service that is not Title XIX/XXI covered.

H. TITLE XIX/XXI APPEALS

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1. A Title XIX/XXI eligible person may appeal the following actions with respect to Title XIX/XXI covered services:
 - a. The denial or limited authorization of a requested service, including the type or level of service;
 - b. The reduction, suspension, or termination of a previously authorized service;
 - c. The denial, in whole or in part, of payment for a service;
 - d. The failure to provide TXIX/TXXI services in a timely manner;
 - e. The failure to act within the timeframes required for standard and expedited resolution of appeals and standard disposition of grievances; and
 - f. The denial of a rural enrollee's request to obtain services outside the T/RBHA's provider network.
 2. Responsibility for Processing Appeals
 - a. Each RBHA is responsible for processing appeals of adverse actions or decisions of the RBHA, or of the RBHA's behavioral health providers, pursuant to the requirements of this policy. The processing of appeals shall not be delegated by the RBHA.
 - b. Appeals that are related to a Tribal RBHA or one of their contracted behavioral health providers' adverse actions or decisions are filed with and processed by ADHS/DBHS. Throughout this policy, where the RBHA is identified as responsible for acting under this policy, ADHS/DBHS retains responsibility for the Tribal RBHAs.
 - c. Throughout this policy, whenever there is a reference to the RBHA, the Arizona State Hospital shall have the same responsibility when the appeal is filed with the Arizona State Hospital and concerns services provided at the Arizona State Hospital.
 - d. The RBHA shall provide reasonable assistance to Title XIX/XXI eligible persons in completing forms and taking other procedural steps during the appeal process.
 - e. The RBHA shall establish a mailing address for written appeals; and local and toll-free telephone numbers for oral appeals. This oral and written contact information

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shall be included on all appeal notices and written documents provided to the Title XIX/XXI eligible person.

3. Timeframes for Filing an Appeal

- a. Appeals must be filed orally or in writing with the responsible RBHA within 60 days after the date of the Notice of Action being appealed.

4. Who may file an Appeal

- a. A Title XIX/XXI eligible person; or
- b. The person's legal or authorized representative, including a provider, acting on the Title XIX/XXI eligible person's behalf with the person's or legal representative's written consent.

5. Individuals Responsible for Resolving Appeals

- a. The RBHA shall ensure that individuals who make decisions regarding appeals have not been involved in any previous level of review or decision-making. For appeals of medical necessity decisions, denials of expedited resolution of appeals, and appeals involving clinical issues, the individual(s) making the decision regarding the appeal must be a health care professional with the appropriate clinical expertise in treating the Title XIX/XXI eligible person's condition.
- b. The RBHA shall include, as a party to the appeal, the Title XIX/XXI eligible person, legal representative, or the legal representative of a behavioral health recipient's deceased estate.

6. Case Docketing Requirements

- a. The RBHA shall establish a unique ADHS/DBHS Docket Number for each appeal filed, including those filed directly with AHCCCS. The Docket Number shall be established as follows:
 - (1) An initial letter "A" shall be used to designate a TXIX/XXI Appeals described in this policy;
 - (2) The RBHA letter code (Attachment C);
 - (3) The date of receipt of the appeal using the MMDDYY format;

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- (4) The letter code for the program in which the Title XIX/XXI eligible person is enrolled;
- (5) A four-digit sequential number, which begins on January 1 of each year as 0001.

7. Examination of Appeal Case Record

- a. Upon request, the Title XIX/XXI eligible person his/her legal or authorized representative shall be given an opportunity to examine the contents of the appeal case file prior to and during the appeal process. In addition, the Title XIX/XXI eligible person shall be given an opportunity to examine all documents and records considered during the appeal process that are not protected from disclosure by law.
- b. The RBHA shall provide the Title XIX/XXI eligible person and his/her legal or authorized representative a reasonable opportunity to present evidence and allegations of fact or law in person and in writing. The RBHA shall inform the Title XIX/XXI eligible person of the limited time available for this in the case of an expedited resolution.

8. Appeal Case Records

- a. The RBHA will maintain appeal case records in the following manner:
 - (1) All documentation received for entry into the appeal case record will be date stamped on the day received.
 - (2) An appeal case record shall be maintained for each request to file an appeal. The case record shall include:
 - (a) An ADHS/DBHS docket number;
 - (b) The original request for appeal. If the appeal was filed orally or the appeal is not on the ADHS/DBHS Appeal or SMI Grievance Form (Attachment D), the form shall be completed by the RBHA for each appeal filed;
 - (c) Copies of all documents generated or acquired through the appeal process; and
 - (d) All records pertaining to an appeal shall be maintained in a secure and

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locked place until the Title XIX/XXI eligible person's administrative and legal remedies are exhausted or time allowed for an appeal has expired. Thereafter, appeal records shall be maintained in a secure designated area and retained for at least five years.

9. Standard and Burden of Proof

- a. The standard of proof on all issues on appeal shall be the preponderance of the evidence.
- b. The burden of proof for all issues on appeal is on the individual or agency appealing.

10. Time-frame for Standard Resolution of an Appeal

- a. The RBHA shall acknowledge the receipt of a standard appeal in writing within 5 days of receipt.
 - (1) The following statements, at a minimum, must be contained in the written acknowledgement upon receipt of the appeal:
 - (a) *"You or your authorized representative, have the right to present evidence and allegations of fact or law in person and/or in writing. Upon request, you may examine the contents of the appeal case file prior to and during the appeal process, which includes all documents and records considered during the appeal process that are not protected from disclosure by law".*
 - (b) *"A decision, called a Notice of Appeal Resolution, will be delivered to you within 30 days from the date we received your appeal".*
 - (c) *"You may request an extension of up to 14 days for us to make our decision. We may also decide that an extension of up to 14 days is necessary to gather more information for us to make our decision on the appeal. If we use an extension, we will give you written notice of the need for a delay".*
- b. For the standard resolution of an appeal, the appeal shall be resolved and a written Notice of Appeal Resolutions shall be delivered within 30 days after the day the appeal is received.
- c. If the Title XIX/XXI eligible person requests an extension of the 30 day timeframe in

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subsection (b) above, the timeframes shall be extended up to an additional 14 days.

- d. If the RBHA needs additional information and an extension is in the best interest of the Title XIX/XXI eligible person, the RBHA shall extend the timeframe in subsection (b) above to an additional 14 days. If the RBHA extends the timeframe, the RBHA must provide a written notice to the Title XIX/XXI eligible person of the reason for the delay, and issue and carry out its decision as expeditiously as the person's health condition requires, but no later than the date the extension expires.
- e. If the Notice of Appeal Resolution is not sent within the timeframe in this section, the appeal shall be considered denied on the date that the timeframe expires.

11. Process for an Expedited Resolution of an Appeal

- a. The RBHA shall conduct an expedited appeal if:
 - (1) The RBHA receives a request for an appeal from a Title XIX/XXI eligible person and determines that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function; or
 - (2) The RBHA receives a request for an expedited appeal from a Title XIX/XXI eligible person supported with documentation from the provider that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function; or
 - (3) The RBHA receives a request for an expedited appeal directly from a provider, with the written consent of the Title XIX/XXI eligible person, and the provider indicates that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function.
 - (4) If the RBHA denies a request for expedited resolution of an appeal from an enrollee, the RBHA shall:
 - (a) Make reasonable efforts to give the Title XIX/XXI eligible person prompt oral notice of the denial and follow up within two calendar days with a written notice; and
 - (b) Resolve the appeal within the standard timeframes identified in Section

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H.10. above.

12. Timeframe for an Expedited Appeal Resolution

- a. The RBHA shall provide a written acknowledgment of the receipt of an expedited appeal within one working day after the RBHA receives the appeal.
 - (1) The following statements, at a minimum, must be contained in the written acknowledgement upon receipt of an expedited appeal:
 - (a) *"You or your authorized representative, have the right to present evidence and allegations of fact or law in person and/or in writing. **[Insert information about how this occurs/custom for limited amount of time to do so in the event of an expedited appeal]**. Upon request, you may examine the contents of the appeal case file prior to and during the appeal process, which includes all documents and records considered during the appeal process that are not protected from disclosure by law".*
 - (b) *"A decision, called a Notice of Appeal Resolution, will be delivered to you within 3 days from the date we received your appeal".*
 - (c) *"You may request an extension of up to 14 days for us to make our decision. We may also decide that an extension of up to 14 days is necessary to gather more information for us to make our decision on the appeal. If we use an extension, we will give you written notice of the need for a delay".*
- b. For expedited resolution of an appeal, the RBHA shall resolve the appeal and mail a written Notice of Appeal Resolution to the enrollee within three working days after the day the RBHA receives the appeal. The RBHA shall make reasonable efforts to provide prompt oral notice.
- c. If the Title XIX/XXI eligible person requests an extension of the three working day timeframe in section a above, the RBHA shall extend the timeframe up to an additional 14 days.
- d. If the RBHA needs additional information and an extension is in the best interest of the Title XIX/XXI eligible person, the RBHA shall extend the timeframe in section a above to an additional 14 days. If the RBHA extends the timeframe, the RBHA must provide a written notice to the Title XIX/XXI eligible person of the reason for the delay, and issue and carry out its decision as expeditiously as the person's

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health condition requires, but no later than the date the extension expires.

- e. If the Notice of Appeal Resolution is not sent within the timeframe in this section, the appeal shall be considered denied on the date that the timeframe expires.

13. Notice of Appeal Resolution

- a. A Notice of Appeal Resolution must contain:

- (1) The results of the resolution process and the date it was completed; and
- (2) For those appeals not resolved wholly in favor of the Title XIX/XXI eligible person:
 - (a) The Title XIX/XXI eligible person's right to request a State Fair Hearing by submitting a written request to the RBHA no later than 30 days from the date of receipt of the RBHA's Notice of Appeal Resolution;
 - (b) The right to request to receive services while the State Fair Hearing is pending, if applicable, and how to do so;
 - (c) The factual and legal basis for the decision; and
 - (d) An explanation that the Title XIX/XXI eligible person may be held liable for the cost of benefits if the State Fair Hearing decision results in the RBHA decision being upheld.

14. Request for a State Fair Hearing

- a. A Title XIX/XXI eligible person or his/her authorized representative may request a State Fair Hearing on the RBHA's resolution of an appeal. The request must be in writing, submitted to and received by the RBHA no later than 30 days from the date the Title XIX/XXI eligible person receives the Notice of Appeal Resolution.
- b. If the Title XIX/XXI eligible person wants services to be continued pending a State Fair Hearing, the request to continue services shall be in writing and comply with Section H.16.
- c. In the event a request for a State Fair Hearing is filed, the RBHA shall forward a written summary of the following information to AHCCCSA, Office of Legal Assistance (OLA):

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- (1) Title XIX/XXI eligible person's name;
 - (2) Title XIX/XXI eligible person's AHCCCS ID number;
 - (3) Title XIX/XXI eligible person's current address;
 - (4) Title XIX/XXI eligible person's current phone number (if applicable);
 - (5) Date of receipt of the appeal;
 - (6) Summary of the actions to resolve the appeal; and
 - (7) Summary of the appeal resolution.
- d. The following material shall be included in the appeal case record, which shall be delivered to the OLA as specified by the OLA:
- (1) The Title XIX/XXI eligible person's written request for a State Fair Hearing;
 - (2) Copies of the entire appeal case record, which includes all supporting documentation, pertinent findings, and medical records;
 - (3) The Notice of Appeal Resolution; and
 - (4) Any other information relevant to the resolution of the appeal.

15. AHCCCS Timeframe for Resolution of a State Fair Hearing

- a. AHCCCS will send a Notice of State Fair Hearing according to Arizona Revised Statutes §41-1092.05 if a timely request for a State Fair Hearing is received.
- b. For appeals resolved pursuant to the standard resolution timeframes, AHCCCS will send an AHCCCS decision to the Title XIX/XXI person no later than 30 days after the date of the Administrative Law Judge's recommended decision and within 90 days after the date that the appeal was filed with the RBHA, not including the number of days the Title XIX/XXI eligible person took to file for a State Fair Hearing, and days for continuances granted at the Title XIX/XXI eligible person's request.
- c. For appeals resolved pursuant to the expedited resolution timeframes, within three working days after the date AHCCCS receives the case file and information from

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the RBHA concerning an expedited appeal resolution, AHCCCS will send the Title XIX/XXI eligible person the AHCCCS decision which results from the State Fair Hearing and the Administrative Law Judge's Recommended Decision. AHCCCS will make reasonable efforts to provide oral notice of AHCCCS' decision.

16. Continuation of Benefits

- a. The RBHA shall ensure that benefits under appeal continue, only if:
 - (1) The appeal is filed before the later of 10 days after the delivery of the Notice of Action or the effective date of the action, as indicated in the Notice of Action;
 - (2) The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment or, the appeal involves a denial if the provider asserts the denial represents a necessary continuation of a previously authorized service;
 - (3) The services were ordered by an authorized provider; and
 - (4) The Title XIX/XXI eligible person requests a continuation of services.
- b. The RBHA will continue extended benefits pursuant to provision (a) above, until any of the following occurs:
 - (1) The Title XIX/XXI eligible person withdraws the appeal;
 - (2) The Title XIX/XXI eligible person makes no request for continued benefits within 10 days of the delivery of the Notice of Appeal Resolution;
 - (3) The AHCCCS Administration issues a State Fair Hearing decision adverse to the Title XIX/XXI eligible person; or
 - (4) The time period or service limits of a previously authorized service have been met.
- c. The RBHA may recover the cost of those services continued pursuant to subsections (a) and (b) above if the RBHA or the AHCCCS State Fair Hearing decision upholds a decision to deny authorization of services, and if the services were furnished solely because of the requirements of those sections.
- d. For Title XIX/XXI eligible persons with a Serious Mental Illness, see *ADHS/DBHS*

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Policy GA 3.5, SMI and Non-SMI/Non-Title XIX/XXI Notice and Appeal Requirements.

17. Implementation of Appeal Resolution

- a. If the RBHA or the State Fair Hearing decision reverses a decision to deny, limit or delay services not furnished while the appeal was pending, the RBHA shall authorize or provide the services promptly and as expeditiously as the Title XIX/XXI eligible person's health condition requires.
- b. If the RBHA or the State Fair Hearing decision reverses a decision to deny authorization of services and the disputed services were received pending appeal, the RBHA shall pay the provider for those services.

I. APPROVED BY:

Leslie Schwalbe	Date
Deputy Director	
Arizona Department of Health Services	
Division of Behavioral Health Services	

ATTACHMENT A**NOTICE OF ACTION****TO:** [ENROLLEE'S NAME/ADDRESS]

[REPRESENTATIVE NAME/ADDRESS]

FROM: (Name of agency)
(Address)

CONTACT PERSON/NUMBER

OUR DECISION:

We have decided to take the following action that affects your behavioral health services:

- ☐ Deny or limit your request for (*insert requested service here*).
- ☐ Reduce (*service*) from (*insert current frequency*) to (*proposed frequency*)
- ☐ Suspend (*insert service*) _____
- ☐ Terminate (*insert service*) _____
- ☐ Deny your (rural enrollees only) request to obtain (*insert requested service*) outside our service provider network.

The effective date of this decision is: _____

The reason for our decision is: _____
_____**YOUR RIGHT TO APPEAL:**

How to Appeal: Within 60 days of this decision, you may appeal orally by calling [local number] or [toll free number], or by sending your written appeal to [address]. Your behavioral health provider can appeal for you if you give your written permission. Standard appeals are resolved within 30 days. When you file an appeal, you may ask for an "expedited appeal" if the standard 30-day timeframe could result in serious harm to your life, or health or in your ability to attain, regain or maintain maximum function. Expedited appeals will be resolved within 3 working days. If your health care provider tells us this, the appeal will be decided in 3 working days.

Request for Continued Benefits

You may request that the service listed in this letter continue during the appeal process. If you want the service to continue, you must say so when you appeal. Your services will only be continued if you appeal by the later of: 10 days from the date of this Notice; or, the date that the services will be terminated or reduced. This only applies if we are cutting off a service that we have already approved AND if the service was ordered by your doctor or other behavioral health care provider. If you do not win your appeal, you may be responsible for paying for the service provided during the appeal.

****For persons with a serious mental illness (SMI), the service being reduced, suspended or terminated will be continued when you file an appeal, unless doing so would be harmful to your health and safety, or to another individual. Services will be continued throughout the appeal process. You will not be required to pay for the cost of services continued during the appeal.****

HOW TO GET HELP WITH YOUR APPEAL:

To get help with this appeal you may contact [insert local advocacy or legal aid organizations]. Persons with a serious mental illness (SMI) may contact an Advocate at the Office of Human Rights at 1-602-364-4574 or 1-800-421-2124. For more information about the reasons for our decision, you may contact the person whose name and address appears at the top of this notice. You may also refer to your member handbook for more information about the appeals process.

Name and Signature of Individual Completing this Form_____
Date of Hand Delivery or Mailing**For translation or alternative format requests, call [insert 1-800 and local number]****Para recibir esta forma en español, llame a: [insert 1-800 and local number]**

Last Revised: 08/01/2004

ATTACHMENT B

**NOTICE OF EXTENSION OF TIMEFRAME FOR SERVICE
AUTHORIZATION DECISION REGARDING TITLE XIX/XXI
BEHAVIORAL HEALTH SERVICES**

TO: [ENROLLEE'S/LEGAL REPRESENTATIVE'S NAME/ADDRESS]

FROM: (Name/Address of agency)
CONTACT PERSON/NUMBER

DATE:

You have asked [Insert Agency Name] to authorize: describe services requested on behalf of the member in easily understood terms.

We have reviewed your request and determined that we need additional time to obtain additional information to make a decision about authorizing the care you have requested. The reason we need additional time is because: *The agency's explanation must be complete and in commonly understood language.*

You can expect a decision regarding your request for service authorization to be made no later than **INSERT DATE** (In no event may the date exceed 14 days from the original timeframe to make a standard or expedited service authorization decision or the timeframe as required by the enrollee's health condition.)

If you disagree with our extension of the timeframes, you can make a complaint. You may contact us at **INSERT CONTACT NUMBER FOR ORAL COMPLAINTS** or you can send a written complaint to **INSERT ADDRESS**.

If you need help with making a complaint, you may contact [insert local advocacy or legal aid organizations]. Persons with a serious mental illness (SMI) may contact an Advocate at the Office of Human Rights at 1-602-364-4574 or 1-800-421-2124. For more information about this notice, you may contact the person whose name and address appears at the top of this notice. You may also refer to your member handbook for more information about the service authorization process.

*For translation or alternative format requests, call [insert RBHA 1-800 and local numbers]
Para recibir esta forma en español, llame a: [insert RBHA 1-800 and local numbers]*

**For translation or alternative format requests, call [insert 1-800 and local number]
Para recibir esta forma en español, llame a: [insert 1-800 and local number]**

Last Revised: 08/01/2004

ATTACHMENT C

RBHA Codes for Docket Numbers

V – ValueOptions

X – CPSA

N – NARBHA

P – PGBHA

Y – EXCEL

T – Tribal RBHA

B – ADHS/DBHS

ATTACHMENT D

ADHS/DBHS APPEAL OR SMI GRIEVANCE FORM

Client/Applicant Information:

Name: _____
(Last, First, M.I.)

Address: _____
Street City State Zip Code

Phone: (____) _____ Date of Birth: _____

Information about the person filing (if different than above):

Name: _____
(Last, First, M.I.)

Address: _____
Street City State Zip Code

Phone: (____) _____ Date of Birth: _____

Relationship to the Client/Applicant (i.e. Provider, Parent or Guardian): _____

Description of Appeal or Grievance: [Please include dates, names, locations, also any other attempts to resolve the problem, attach additional pages if necessary]:

What solution do you want? _____

Continuation of Services:

For clients with a serious mental illness, your services under appeal will be continued during the appeal process, unless doing so poses a threat of harm to you or others.

For appeals relating to Title XIX or XXI services, please check *one* of the following

- ☐ I am requesting that the services I am appealing be continued during the appeal process. I understand that if I lose my appeal, I may be required to pay for the cost of the services that were continued during the appeal process.
- ☐ I do not want the services I am appealing to be continued during the appeal process.

Client Signature: _____ Date: _____

Legal Representative's Signature _____ Date: _____

For translation or alternative format requests, call [insert 1-800 and local number]
Para recibir esta forma en español, llame a: [insert 1-800 and local number]

Last Revised: 08/01/2004